

## **Students' Mental Health and Disclosure: A Preliminary Report on a Research Project**

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"Early days in the course - I was asked by the lecturer [who I had told], to share my experience of the luny bin with the class for their learning. I wouldn't do it again. It made for a very lonely way through." Karen.

This exploration seeks to expose the dilemma for students who need to register with the disability support service within their university or college in order to obtain "special consideration" or "accommodations" to successfully complete their course of study. The dilemma is that not all students are happy to disclose this information and, indeed, can feel quite threatened by the thought of disclosure. Yet, it is necessary for these students to disclose their mental health status if these students feel that their illness may interfere with the completion of their course of study (McLean, Bardwell, Ryan & Andrews 1998).

The exposure of this dilemma, it was envisaged, would provide insight into the experiences of students who have chosen to disclose and seek academic support and of students who have chosen not to disclose. Some students disclose to other people without registering as a "student with a disability." This may include disclosure to a lecturer, to fellow students or to the student counsellor. Other students will disclose to nobody. We suspected that a range of issues would emerge once we started to investigate incidences of students' disclosure. Students may not identify their difficulties with depression or anxiety as being a mental health disorder. Students may not see support services as relevant: access to a photocopier? Why would I need that? Students may need to avail themselves of the special considerations that student support services provide, but are loath to be known as "sick" (Miles 1987 p. 73; Fitzgerald & Patterson 1995). We are using a narrative approach in order to find out exactly what experiences students see as important and relevant and we are aware that this calls for sensitivity in regard to ensuring confidentiality.

The most difficult task has been engaging students who have not disclosed to anyone at University at all. Posters inviting participation in the project were placed around various campuses of universities and colleges (colleges of technical and further education [TAFE]) throughout metropolitan and regional New South Wales, Australia. Disability Liaison Officers also referred students to the project's "information sheets." We have had many enquiries from students who have disclosed and are receiving services and from students whose experience of disclosure has left them vowing never to disclose again. Other students have disclosed to a select few and have not sought "special consideration." We also received interest from people who had not been successful in their course of study despite obtaining academic support. Thus far, sixteen students have returned written narratives or stories outlining their experiences at University or college and the issues regarding disclosure that they see as important. What follows is a thematic analysis of the narratives of those sixteen students and former students.

### **The Invisibility or Hidden Nature of Mental Illness**

Many of the students have reported issues directly related to the non-visibility or hidden nature of their disability and how those issues affect disclosure. Some students experience and exhibit behaviours which might, after a while, make it obvious that they have a mental health disorder, but most state that they have no visible or obvious characteristics that would classify them as being ill or having a disability. Some students have reported that they

do have symptomatic characteristics, but they work hard to disguise them (Miles 1987 p. 104). The respondents seem to be aware of the hierarchy of stigma and that some conditions are more acceptable than others (Condeluci 1996).

Two students in the study have used another condition to explain their need for "special consideration" rather than disclosing, or rather, making it obvious that they have a mental illness. Karen explained her need for a separate exam room to another student as "claustrophobia" because "schizophrenia sounds too scary." Jane explains her need to take medication during exams:

I also suffer from rheumatoid arthritis. Because my arthritis is visible and I have disclosed this, often this is taken as being the problem, which it is many times, but not always. Jane.

Students are aware that if "special consideration" or accommodations are being utilised and they do not have an obvious or widely disclosed physical disability, then other students and staff will deduce the disability to be a mental illness. For various reasons, which are discussed in the next section, many students do not wish their mental health status to be an issue of speculation for others.

We recall the comment of a student in a forum outside of this project. She stated that while the specially designated photocopier in the library (for people registered with Student Services) is really helpful, the fact that it is in full view of the long queue of people waiting for the regular photocopier makes it embarrassing to use. Not only will people deduce that her disability must be "mental," but they will also assume that she has no reason to be granted "privileges" and that she must be both lazy and "scamming" or abusing the system.

Laziness and "scamming" are the most often reported characteristics attributed to students with a mental illness by general others (Condeluci 1996 pp. 25-31). Not surprisingly, the fear of this attribution of laziness, scamming, disingenuousness and lack of commitment results not only in the student's unwillingness to disclose, but also in the tendency to prove to other people that the opposite is true. This "superstudent" phenomenon will be discussed in more detail further on.

## **Stigma, Stereotypes, Ignorance and Discrimination**

I have decided not to disclose next year. The attitudes towards disabilities of any kind are still Stone Age and mental illness is very misunderstood. People with mental illness are seen as crazy, dangerous, nuts, stupid and the list goes on. I know that by not disclosing, a drop in the standard of my work or the need for extensions may be mistaken as laziness. If the fact that I am not going to disclose means that I will lose the support from the disabilities unit and the special exam conditions then I am just going to have to accept that. Sylvie.

Sylvie is correct in her assumption that people hold these views. People do hold and propagate many misconceptions about mental illness based on negative stereotypes that have been learned throughout one's lifetime (Miles 1987 p. 63). Miles (1987) asserts that misconception is not the only factor contributing to negative stereotypes. "Lack of familiarity and general ignorance on the part of the public can be cited" (p. 64).

Stigma management can be achieved by concealing the stigmatised attribute. This concealment or hiding of the characteristics of the mental illness is known as a passing (Goffman 1963; Miles 1987). Purposeful non-disclosure could be seen as a "passing" tech-

nique. Another student, Lisa, when discussing her feelings about disclosure, told us that she was good at pretending she was fine and that she did not want people making assumptions about her before they even knew her. Lisa also states that people have "stupid ideas about mental illness." The fact that Lisa is with a very small group in her course of study makes her even more fearful of "people finding out" and thinking differently and making assumptions about her. This fear was stronger at her place of employment. Lisa said, she "would rather die than disclose" to her employer or clients and sees that her "credibility would go out the window." Lisa uses the word "embarrassed" to describe how she feels about her health status.

Sandra disclosed her mental health status when she first enrolled at University. She said "it was ok because I didn't know anyone." Had she known anyone, she would have felt obliged to explain. Sandra does feel positive about disclosure generally and discloses to people that she feels she knows well. A few of the other respondents have also stated that they are comfortable disclosing to people they know and in situations where a person needs to know. Disclosure on a "need to know" basis is a common theme emerging in many of the student's narratives. We will look at that theme later in the article.

Keiley would like to be more open, but she fears being judged. "It has always been a sensitive issue." She wishes that a couple of trusted friends knew more so that she would have people to talk to. Unfortunately her schizo-affective disorder presents as anger, which has caused her friends to distance themselves from her. Keiley is generally shy and silent particularly, she says, "when I hear people speaking derisively or joking about mental illness." Like many of the other respondents, Keiley wants people to know her before disclosing because she does not want to be treated differently. She just wants to live normally and not have to worry about being embarrassed when "enrolling on the short queue."

In order to gain an understanding of the validity of these fears and the trepidation experienced by students with a mental illness, we needed to look at what reactions these students had already encountered upon disclosure to various people.

### **Reactions and Responses to Disclosure by Academic and Support Staff**

During his lecture later that day, he stopped and asked me if I understood what he had just said. He asked in front of a theater of around 120 students if I understood. Why didn't he ask the group of students up the back having a conversation or the students down the front who were repeat students. Sylvie.

Students reported a range of experiences upon disclosure, ranging from support and assistance to dismissal and discrimination. While students mostly had positive experiences with disability services, counselling staff and some academic staff, the reactions of academic staff generally are rather concerning. Open hostility, disbelief, insensitivity, minimization of the illness and breaches of confidentiality were not uncommon experiences. In cases where academic staff reactions were positive and supportive, their actual responses were often inappropriate.

The lecturer, to whom Sylvie disclosed and refers to in the quote above, was very understanding and sympathetic. He just did not know how to respond to her needs. Another student felt she was given advice that was meant to be sympathetic, but which came out as punitive and discriminatory. Other comments made by academic staff seem to be based on the best interest of the student, but such comments can be more harmful than helpful. An example of this is when a student disclosed to a lecturer because she was not doing well in the particular subject. The lecturer advised the student to leave the university because it was too stressful and she should not be putting herself through this. The student was in her last

semester of study and had not been failing in her other subjects which the lecturer had not thought to consider. The comment, however well intended, had a profound negative effect. Consequently, students have reported being reluctant to attend lectures facilitated by academics who have displayed inappropriate reactions or responses to students' disclosure.

This avoidance has caused one student to fail two subjects. However the other student received a distinction despite not attending lectures. The relationship between the reactions and responses of the academic staff to the student who discloses and the student's subsequent success or failure is a relationship that needs much more exploration. We see this relationship as pivotal to the student's successful experiences in higher education.

Both Elizabeth and Keiley had experiences where discussion about mental health occurred in the context of the lesson at which point they disclosed their mental illness. The reaction in both cases was silence followed by a "moving on" of discussion to another topic. Both women were left hanging without being able to process any potentially ensuing reactions. In Elizabeth's case, she became embarrassed, bewildered and upset. The lecturer admitted to not knowing how to react so he was contrite and sympathetic, but, like many others, he also wanted assurance that Elizabeth was not going to go crazy in front of him.

Paul states that the majority of his teachers misjudged his actions in applying for extensions on his assignment times and accused him of being manipulative and of abusing the system. He claims they never took seriously his requests for special consideration and did not pay attention to his needs. Paul is not the only respondent who has experienced hostility and the minimisation or trivialisation of his illness. Other students have reported incidences of open hostility and spiteful comments and the rejection of evidence of illness when approaching academic staff with requests for "special consideration," despite the official documentation that supported their claim.

All respondents had at some stage during their study disclosed to either the counsellor or the student disability support service. Almost all of the respondents reported this disclosure and the resultant academic and personal support as being very helpful in getting through their course. It is evident, however, that some service staff are directing students to disclose the nature of their illness to their lecturers which is where the problems seem to stem. It is important that academic staff are aware that the student does have particular requirements, not only so they can facilitate that support, but also to be considerate of some of the characteristics of mental illness. Frequent absences from class, work handed in late or not at all, lack of concentration, listlessness, lack of active listening, and a "don't care" attitude may all be interpreted as characteristics of a non-committed and uninterested student. They may all be characteristics of depression also. Academic staff need to be more aware of this possibility it seems.

Unfortunately, many academic staff require more than just knowledge. Many need a fundamental shift in attitude and need to be more reflexive when considering their relationships with students and the roles they assume in those relationships. Academic staff have neither the responsibility nor the right to make judgements about the needs of students with a mental illness nor should they ascribe meaning to the symptomatic characteristics of the illness. They should liaise with the student support staff and the student in providing what is needed for the student to successfully complete their course of study.

Reactions and responses of other students have been mentioned throughout this article. This area needs further exploration. While the students who wrote narratives mentioned the reactions of fellow students, there was not a great deal of elaboration. We are not convinced that this means that reactions of other students are not important, but we acknowledge the possibility that the reactions of staff have a more powerful impact.

## Disclosing on a "Need to Know" Basis

Generally speaking I have only disclosed on a "need to know" basis e.g. when I need to explain long absences, or get additional assistance, or when untrue rumours start to be passed around about why I am absent. Sally.

Students have tended to disclose only to people who need to know about their mental health status and at times when the student feels that those people need to know. There are many varied reasons and circumstances affecting the timing of the disclosure and the people to whom disclosure is made. This is a complex theme because of the many variations and variables that come into play when discussing this topic. It may be easiest to categorise two major times or situations when disclosure most often occurs. The first of these is when enrolling or applying to enroll. The question asked on the application and enrolment forms is: Do you have a disability? Only two students actually disclosed on the form. Students' perceptions indicate that disclosure of disability on application forms will be used to discriminate against them during the selection process. Once enrolled, the student is more likely to seek assistance from disability support services.

The other time or situation when students tend to disclose is when they become ill or when the illness severely impedes academic progress such as when a student needs to take an extended period of time away from study. There appears to be a link between the timing of the disclosure in order to access academic and personal support and the student's knowledge of their illness. This is another area we need to explore further. On the surface, it seems that many students disclose and register with disability support services in anticipation that they may have to use the service at some stage. Generally this has been a decision based on previous experience of extended illness that has impinged on the student's ability to study.

Several students have disclosed and registered with disability support services at the time when their illness does get to the stage where it affects their study, for example, during periods or bouts of severe depression where getting out of bed becomes a chore in itself. Sometimes registration (disclosure) has been on the advice of an outside counsellor or practitioner. On the whole, all decisions regarding when and to whom to disclose have not been decisions taken lightly. When decisions are made, it seems that students discriminate carefully in regard to whom they tell and how much they tell. Secrecy and fear predominate all thoughts related to disclosure and rarely does it happen without considerable forethought.

No student has reported their mental illness being a characteristic of their overall identity that is discussed in general private or public discourse as one may do when talking of their job, study, family, recreation and general likes and dislikes. It is not a topic for conversation and it seems that due consideration is given before disclosing to people. Nearly all of the students have disclosed on a "need to know" basis. Two exceptions were when students revealed their "secret" during classroom conversation that concerned mental health. Perhaps this seemed a safe space to disclose, but in both cases the disclosure was met with silence and largely ignored. This made both students very conscious of the secret thoughts that other students are leaving the classroom with. There was no chance to discuss reactions and allay any negative responses and misinformation.

The issue regarding to whom and when to disclose is complex and seems to depend on an understanding of the individual student's own perception of mental illness and how that affects the way they feel about themselves. What the narratives have revealed is that the perception of mental illness and the perception of competence and control are linked in a way that affects decisions related to disclosure and to seeking support generally.

## **Super-Student, Guilt, Non-Deservedness and the Importance of Competence**

Another reason why I haven't disclosed to my current coursework educator B to do well academically when you have a mental illness is a great self-esteem boost. Ingrid.

As previously mentioned, laziness and "scamming" or abusing the system were stereotypical characteristics of mental illness as perceived by some academic staff and people in general. This generalisation of the traits often associated with mental illness is such that the student with a mental illness is aware of the likelihood that they will be attributed with such characteristics. The characterisation of mental illness into identifiable symptoms that have culturally negative connotations - that is, tiredness, disengagement, emotional lability or compulsive and fixated thoughts - becomes somewhat of a double bind. Not only are the symptomatic characteristics of various mental illnesses negatively connoted, but the same characteristics can be assumed to be innate to the person and thus mental illness is just a handy tag to excuse those "weaknesses." The students who have participated in our research have reported incidences where their evidence of illness was dismissed by academic staff as if to say it was a convenient excuse for being tired (lazy), disengaged (not committed) and emotionally depressed (just emotional).

The fear of these connotations is such that students tend to use a number of stigma management devices such as non-disclosure. The thought of disclosure becomes anxiety provoking which impacts on top of the particular difficulties the student may be experiencing at the time. Students also seem to appropriate some of these negative connotations, as if to say, they really are just lazy and have an external locus of control.

Students have implied that they feel that they do not deserve "special consideration" and feel somewhat guilty availing themselves of it. This issue of non-deservedness and guilt may be the motivating factor behind the special focus on achievement and competence that many of the students talk about. They are out to prove to themselves and to other people that they are just as capable as anyone else and, in many cases, even more so. This tendency renders the "special considerations" or accommodations that may benefit the student as a "cop out" rather than as Sylvie describes it: "It was not special treatment but rather, being put in a situation of equal footing." The term "special treatment" is one that seems to be shunned by most of the respondents. It works like a "red rag to a bull" making them work inordinately hard to achieve a "super-student" status.

A few students have also claimed to have had very good responses regarding their disclosure and have had a successful progression through their study with the help of the accommodations provided and with the support of the disability support service. Indeed, these same students have admitted to placing trust in the "system" and have proved that they are hard working students. There is still that need to earn the right to non-discriminatory treatment. One student, Penny, goes so far as to condemn other students who use their "special consideration." She sees it as a "cop out" and resents students who "scam" or abuse the system. Penny believes that using any form of special consideration would not be a reflection of her real ability. More than half of the students who replied are completing or have completed Honours or Ph.D. level studies. We can only speculate about this, but it does indicate a high achievement level in the sample.

### **The Dilemma of Disclosure**

Self disclosure has always been a sensitive issue for me. I want to be open, yet not judged by others. It's a risk I take, to be or not be accepted.  
Helen.

The dilemma of disclosure is evident in all of the narratives posted to us. There is a great deal of anxiety related to the requirement to disclose one's mental health status but the consequences of not disclosing are often, but not always, seen to be worse. There is also anxiety in not disclosing (Pennebaker 1995). The dilemma then is in who to disclose to and under what circumstances. The risk is that you will be seen as lazy and manipulative and the irony is in the risk of seeing oneself in the same way. "Damned if you do. Damned if you don't."

## Conclusion

We cannot conclude that there is any one way to look at all of this. Each student reports different feelings, responses and experiences. What is definitely apparent, however, is that negative attitudes and ignorance are still issues despite the years of educational promotion aimed at allaying some of the myths and misconceptions surrounding mental illness. What is concerning is that some of the most learned people are the most deplete in attitude and knowledge. We do not aim to answer any of these anomalies at this stage of our research. We aim here to describe the themes that were presented to us by students with a mental illness. We see that there are many questions that still need to be asked and many areas are to be explored in order to understand more about disclosure.

One of the areas to be explored and one that we have not attempted to bring into the discussion at any length is the changing nature of many mental illnesses. The fact is that many mental health disorders are sporadic and may only appear from time to time. The severity of the disorder or the feature of the disorder can change as can the person's ability to manage particular aspects of the disorder. This incongruity is a breeding ground for cynicism and ignorance and, thus, for the attribution of and appropriation of negative reactions and responses to the disclosure of mental illness. Our research seeks to expose the incongruity which is one of the features of what we call the dilemma.

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